

GENERAL ROTATION EVALUATION

Use for rotations lasting three (3) weeks or less

Facility _____ Date _____

Printed: Preceptor _____ Intern _____

Signatures (can be digital):

Preceptor _____ Intern _____

Please evaluate the student/intern on the following areas of performance. Please circle/highlight the number corresponding to your rating. Add comments for particularly strong or weak performance.

- Scale: 1 – Needs guidance greater than 50% of time
 2 – Needs guidance less than 50% of time
 3 – Needs no guidance, but still supervision
 4 – Needs no supervision, able to practice independently and consistently
 N/A – not applicable to this rotation

PROFESSIONALISM		1	2	3	4	N/A
CRDN 2.10	The intern demonstrated professional attributes such as flexibility, customer focus, time management, work prioritization, and work ethics.	Comments				
COMMUNICATION		1	2	3	4	N/A
CRDN 2.2, 2.3, 2.4, 2.5, 2.6, 2.10, 2.11, 2.12, 2.13, 3.7, 3.12, 5.5	The intern maintains appropriate lines of verbal and written communication with preceptors, staff, and clients. The intern refers clients, personnel to others appropriately. The intern is respectful and culturally sensitive in communications with others.	Comments				
KNOWLEDGE		1	2	3	4	N/A
CRDN 1.2, 1.3, 1.4, 2.1	The intern was adequately prepared and knowledgeable in subject matter. The intern used critical thinking skills.	Comments				
SELF DIRECTION & INITIATIVE		1	2	3	4	N/A
CRDN 2.3, 2.4, 2.9, 2.10	The intern demonstrated active participation and initiative in rotation projects, activities, and experiences.	Comments				
PROJECTS		1	2	3	4	N/A
CRDN 1.3, 1.5, 3.11, 4.7, 4.8, 4.10, 5.6	The intern completed and delivered projects as requested by preceptors. The intern showed initiative, creativity, and ability. The intern involved team members appropriately.	Comments				

OVERALL PERFORMANCE	1	2	3	4		
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How did the intern rate overall in performance expectations for this rotation?

Strengths

Areas for further work

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